## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB
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Gift or Bequest information received by a department or accepted by the

Governor on behalf of the state					
For office use only					
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Checked	* ·····				
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DEPARTMENT	OΡ	OFFICE	DECENTING	THE CIET	ΛÞ	DECLIERT
DEPARTMENT	UK	UFFILE	RECEIVING	THE GIFT	UK	BEQUESTS

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUES	)   ; 				
DHS Glenwood Resource Center					
Name of Department or Office 711 South Vine Street Gl	Glenwood, IA 51534				
Mailing Address C	City, State, Zip Code				
Area Code & Telephone No.					
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	DE:				
Ruth Messinger					
Name					
Malling Address (if different from above) rmessin@dhs.state.ia.us	City, State, Zlp (if different from above) 712-525-1683				
Email Address	Area Code & Telephone Number (if different from above)				
DONOR OF GIFT OR BEQUEST:					
Shirley Ring					
Name					
102 S Hazel St Glenwood, IA 51534					
Mailing Address City, State, Zip Code	10/15/2017 \$200,00				
	Date of Gift or Bequest Amount/Value*				
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by				
	receiving department or office. If no value mark "0.00".				
Email Address (optional)					
Provide a description of the gift or bequest and purpose thereof:					
Boxed lunches for Individuals residing in Unit 248 at	Clanwood Pagauras Contar				
Doxed functies for individuals residing in Offit 240 at	Glenwood Resource Center				
Criteria to use this form:					
Receipt of any gift or bequest that is received by any department of the s	state or received by the Governor on behalf of the state.				
statement of Affirmation:					
Ruth Messingeraffirm that the gift or bequest reported above	e is accurate. I further affirm that the information concerning the donor and				
ssessment of the fair market value (if applicable) is correct and true to the	best of my knowledge.				
A. T. A. Warren	10/16/2017				
Signature Massenger	Date				
	MALO				